

**Transit Management of Charlotte, Inc.**  
**(An EEO/ADA/Affirmative Action Employer)**  
**Employment Application**

Human Resources Department  
3145 South Tryon Street  
Charlotte, NC 28217  
Phone: (704) 336-4065

Requisition Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Position Applying For: \_\_\_\_\_

All information in this job application will be treated in a confidential manner. Please answer all questions as completely as possible. The use of this application does not indicate that there are positions open; nor does it obligate you to TMC, Inc.

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE  
ADDRESS: \_\_\_\_\_  
STREET OR P.O. BOX  
CITY STATE ZIP  
PHONE: (\_\_\_\_) \_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EQUAL OPPORTUNITY INFORMATION**

Transit Management of Charlotte, Inc. does not discriminate based on race, sex, color, creed, religion, natural origin, age or disability. The information requested below is voluntary and will no way affect you as an applicant. Its purpose is to see how well our recruitment efforts are reaching all segments of the population.

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ How did you find out about this position?  
ETHNIC GROUP: (Check Appropriate Box) Walk-In ☐  
☐ Male ☐ Female Newspaper Ad ☐  
☐ Hispanic or Latino Magazine/Publication ☐  
☐ White (Not Hispanic or Latino) Internet ☐  
☐ Black or African American (Not Hispanic or Latino) Employee Referral ☐  
☐ Two or More Races Employment Security Commission ☐  
☐ Asian (Not Hispanic or Latino) Other, \_\_\_\_\_ ☐  
☐ American Indian or Alaska Native (Not Hispanic or Latino)  
☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

**FOR USE BY HUMAN RESOURCES DEPARTMENT ONLY**

(This portion is **ONLY** used when hired; it **DOES NOT** effect your eligibility for employment)

Assessment Date: \_\_\_\_\_ Social Security Card: ☐  
People Sense Score: \_\_\_\_\_ Driver's License: ☐  
Driving Sense Score: \_\_\_\_\_ HS Diploma/GED: ☐  
Reading Test Score: \_\_\_\_\_ Birth Certificate: ☐  
CDL: Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Motor Vehicle Report: ☐  
Permit: ☐ Background Check: ☐  
Interview Date: \_\_\_\_\_ Physical: ☐  
Interviewed By: \_\_\_\_\_ Drug Screen: ☐  
Employment Verifications: ☐

Notes: \_\_\_\_\_

## EDUCATION

Highest level completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 1 2 3 4 / Graduate 1 2 3 4

Schools	Name and Location	Dates Attended	Graduate?	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
US Armed Forces? If yes, Branch _____ Rank _____ Dates of Service _____				

List any Professional Registrations/Licenses/Certifications:

---

List any training, classes or workshops you attended that are related to the position applied for:

---

List all equipment (office, trade, or heavy diesel) that you operate proficiently:

---

## PERSONAL INFORMATION

Are you related by blood, marriage or adoption to a TMC, Inc. employee? ☐ Yes ☐ No  
If yes, please provide name and relationship \_\_\_\_\_

Have you ever worked for TMC, Inc/CATS or any preceding operator of CTS/City Coach Line Service? ☐ Yes ☐ No  
If yes, provide dates and position held \_\_\_\_\_

Have you ever applied with TMC, Inc/CATS? ☐ Yes ☐ No  
If yes, when? \_\_\_\_\_

Have you ever used another name other than the one shown on this application? ☐ Yes ☐ No  
(include maiden, nicknames or assumed names) If yes, explain \_\_\_\_\_

Have you ever tested positive or refused to test within the past two years on any DOT pre-employment drug or alcohol test administered by a DOT covered employer? ☐ Yes ☐ No

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No  
If yes, explain \_\_\_\_\_

Can you provide verification of your legal right to work in the United States? ☐ Yes ☐ No

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

## IN CASE OF AN EMERGENCY

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**List below your work history for the past 10 years starting with your current position, include any military service, self employment or periods of unemployment. Attach a separate sheet if needed.**

Current/Last Position Held

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Current/Last Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Covered by DOT regulations? ☐ Yes ☐ No

Next Most Recent Position Held

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Current/Last Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Covered by DOT regulations? ☐ Yes ☐ No

Next Most Recent Position Held

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Current/Last Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Covered by DOT regulations? ☐ Yes ☐ No

Next Most Recent Position Held

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Current/Last Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Covered by DOT regulations? ☐ Yes ☐ No

Next Most Recent Position Held

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Current/Last Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Covered by DOT regulations? ☐ Yes ☐ No

Next Most Recent Position Held

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Current/Last Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Covered by DOT regulations? ☐ Yes ☐ No

## DRUG FREE WORKPLACE

It is Transit Management of Charlotte's (TMC) goal to ensure a safe and healthy work environment and to provide a safe transit system for the public. Per TMC's Drug and Alcohol Policy, any employee who holds a safety sensitive position or an applicant for such position is covered under this policy. TMC requires Alcohol/Drug test for:

Pre-Employment  
Random  
Return to Duty

Reasonable Suspicion  
Follow-Up

Return to Work  
Post-Accident

DOT-FTA regulated individuals will be tested for the following five (5) drugs:

Amphetamines  
Opiates

Cocaine (including crack)  
Phencyclidine (PCP)

Marijuana

TMC prohibits the unlawful manufacture, distribution, possession, or use of a controlled substance and/or alcohol in the workplace. Any employee found in violation of the TMC Drug and Alcohol Policy or who receives a positive test for alcohol or prohibited drug(s) or who refuses to take a test will be immediately removed from duty and subject to discharge. Applicants who receive a positive test or refuse to take a test will not be hired and will not be eligible to reapply for five (5) years for any position with TMC.

As a condition of employment under the TMC contract, employees must abide by the policy and notify the employer if they are convicted of a criminal drug offense occurring in the workplace within five days after the conviction.

## TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true and complete to the best of my knowledge.

I authorize TMC, Inc. to verify such information and to contact any reference or licensing agency given by me, should I be offered employment or be employed by TMC, Inc. I also agree that:

1. My employment shall be in accordance with the terms of:
  - A. This job application
  - B. TMC, Inc policies, rules and regulations and any amendments thereto
  - C. Any applicable labor agreement
  - D. DOT/ICC regulations adopted by TMC, Inc.

The Company shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now in effect or hereafter.

2. My employment may be terminated by TMC, Inc at any time during probationary period without advance notice. Its only obligation will be to pay wages or salary earned by me prior to date of termination. Failure to abide by Company rules or falsification of any information given by me in this application will entitle TMC, Inc to terminate my employment during my tenure.
3. I agree that active employment will only be contingent upon successful completion of all placement considerations, including physical requirements and drug testing.
4. I understand that neither this document nor any other offer of employment constitutes an employment contract, unless a specific document to that effect is executed by the Employer and myself in writing.
5. I understand that TMC, Inc will assess and reserve the "management right" to make the final decision as to whether a former employee qualifies for rehire consideration. However, an employee can file an appeal for reinstatement via the established grievance process(es).
6. I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation and/or concealment of facts are sufficient grounds for either denial of employment by TMC, Inc. or termination following employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# APPLICANT'S *Disclosure & Consent* RELEASE OF INFORMATION

## APPLICANT INFORMATION (Please Print)

Applicant Name: (First Middle Last)	Current Address: (street address)		
Other Name(s) Used: (like Maiden)	City:	State:	Zip:
Social Security Number:	Former Address: (1)		
Sex: Race:	City:	State:	Zip:
Driver's License No.: State of Issue:	Former Address: (2)		
Month, Day and Year of Birth: Place of Birth: (City, State, Country)	City:	State:	Zip:

***Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.***

## DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in North Carolina or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

## CONSENT STATEMENT

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize Hirease, Inc. and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge This Company, our agent, Hirease, Inc. and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. **CALIFORNIA CONSUMER REPORTING ACT DISCLOSURE FOR EMPLOYMENT IN CALIFORNIA ONLY:** ☐ By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



\_\_\_\_\_  
Applicant Name Typed or Printed